Patent 029650-111



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Masayo Kondo et al.

Application No.: 10/018,930

December 26, 2001

Title: LIPSOME

Filing Date:

Group Art Unit: 1615

Examiner: GOLLAMUDI S KISHORE

Confirmation No.: 8178

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Enc	losed is a reply for the above-identified patent application.						
X	A Petition for Extension of Time is also enclosed.						
	Terminal Disclaimer(s) and the \$\infty\$\$ \$65.00 (2814) \$\infty\$\$ \$130.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.						
	Also enclosed is/are						
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.						
	Applicant(s) previously submitted						
	on, for which continued examination is requested.						
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.						

Attorney Docket No.	029650-111
Application N	No. 10/018.930

X	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

		Al	MEN	DE	ED CLAIMS				
	No. of Claims	Highes of Cla Previo Paid	aims ously	•	Extra Claims		Ra	te	Additional Fee
Total Claims	18	MINUS	20	11	0	×	\$50.00	(1202) =	\$ 0.00
Independent Claims	3	MINUS	3	=	0	×	\$200.00	(1201) =	\$ 0.00
If Amendment adds m	nultiple depen	dent claim	s, add	d \$	360.00 (1203)				
Total Claim Amendme	ent Fee								\$ 0.00
☐ Small Entity Sta	tus claimed -	subtract 5	0% of	f Tc	otal Claim Amend	lme	ent Fee		\$ 0.00
TOTAL ADDITIONAL	. CLAIM FEE	DUE FOR	R THIS	s A	MENDMENT				\$ 0.00

A check	in the amount of	_ is enclosed for the fee due.
Charge	to Deposit Acco	ount No. 02-4800.
Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: February 28, 2005

Ву

Susan M. Dadio

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